

# CLAIMS ONLY

Application Number

10-635440

Filing Date

7-21-05

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1	/											
2		/										
3		/										
4		/										
5		/										
6		/										
7		/										
8		/										
9		/										
10		/										
11		/										
12		/										
13		/										
14		/										
15		/										
16		/										
17		/										
18		/										
19		/										
20		/										
21		/										
22		/										
23		/										
24		/										
25		/										
26		/										
27		/										
28	/											
29		/										
30		/										
31		/										
32		/										
33		/										
34		/										
35	/											
36		/										
37		/										
38		/										
39		/										
40		/										
41		/										
42		/										
43		/										
44		/										
45	/											
46		/										
47		/										
48		/										
49	/											
50		/										
Total Indep	7											
Total Depend	36											
Total Claims	43											
51		/										
52	/											
53	/											
54		/										
55		/										
56		/										
57		/										
58		/										
59		/										
60		/										
61		/										
62		/										
63		/										
64		/										
65		/										
66		/										
67		/										
68		/										
69		/										
70		/										
71		/										
72		/										
73		/										
74		/										
75		/										
76		/										
77		/										
78		/										
79		/										
80		/										
81		/										
82		/										
83		/										
84		/										
85		/										
86		/										
87		/										
88		/										
89		/										
90		/										
91		/										
92		/										
93		/										
94		/										
95		/										
96		/										
97		/										
98		/										
99		/										
100		/										
Total Indep												
Total Depend												
Total Claims												

BEST AVAILABLE COPY